

Foster Family Home - Corrective Action Report

Provider ID: 1-573700

Home Name: Elvira Fernandez, RN

Review ID: 1-573700-5

2385 Haumana Place

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 10/4/2018

End Date: 10/04/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/04/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Angelica Galindo, RN
Compliance Manager

Elvira Fernandez
Primary Care Giver

10/04/18
Date

10/4/18
Date